

RCE IDW

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Request for Continued Examination (RCE) Transmittal

Address to:
 Mail Stop RCE
 Commissioner For Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Application No.	10/738,396
Confirmation No.	7990
Filing Date	December 17, 2003
First Named Inventor	William E. Mazzara Jr.
Group Art Unit	2617
Examiner Name	VU, MICHAEL T.
Attorney Docket No.	253190
Client Reference No.	GP-304224

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.


- Submission required under 37 CFR 1.114**
 - Previously submitted
 - Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on
(Any unentered amendment(s) referred to above will be entered.)
 - Consider the arguments in the Appeal Brief or Reply Brief previously filed on
 - Other:
 - Enclosed
 - Amendment/Reply
 - Affidavit(s)/Declaration(s)
 - Information Disclosure Statement (IDS)
 - Form PTO-1449
 - Copies of References listed in Form PTO-1449
(except for U.S. patents and applications)
 - Other:
- Miscellaneous**
 - Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(i) required.)
 - Applicant claims small entity status. See 37 CFR 1.27
 - Other:

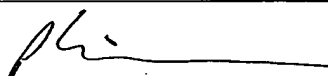
3. Fees - The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.		
a. <input checked="" type="checkbox"/> Please charge Deposit Account No. 07-0960 in the total amount indicated below. (A duplicate copy of this communication is enclosed for that purpose, unless submitted via EFS-Web.)		
i. <input checked="" type="checkbox"/> RCE fee of \$810.00 (large entity) required under 37 CFR 1.17(e)		\$810.00
ii. <input type="checkbox"/> _____ extension of time fee of \$ 0.00 (37 CFR 1.136 and 1.17)		\$ 0.00
iii. <input type="checkbox"/> An extension for _____ has already been secured and the fee paid therefor of \$ 0.00 is deducted from the total fee due for the total amount of extension now requested.		
iv. <input checked="" type="checkbox"/> Petition for an extension of time (including the period noted above, if checked), as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 07-0960 for the appropriate petition fee.		
v. <input type="checkbox"/> Suspension of action fee of \$130.00 (37 CFR 1.17(i))		\$ 0.00
vi. <input type="checkbox"/> Other:		
vii. <input type="checkbox"/> Claim fee		

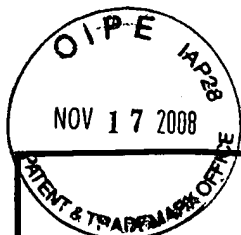
CLAIM FEE	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE
TOTAL		MINUS	=	x 25 =		x 50 =	
INDEPENDENT		MINUS	=	x 105 =		x 210 =	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE CLAIM				+ 185 =		+ 370 =	
Total amount to be charged to Deposit Account							\$810.00

b. The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 07-0960. (A duplicate copy of this communication is enclosed for that purpose, unless submitted via EFS-Web.)

11/18/2008 HDESTAT 00000017 070960 10738396 810.00 DA 01 FC:1801

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type)	Phillip M. Pippenger	Registration No. (Attorney/Agent)	46,055
Signature		Date	November 12, 2008
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)

MAILING/TRANSMISSION CERTIFICATE UNDER 37 CFR 1.8 OR 1.10			
I hereby certify that this document and all accompanying documents are, on the date indicated below, being			
<input type="checkbox"/> deposited with the United States Postal Service "Express Mail Post Office To Addressee" Service under 37 CFR 1.10 in an envelope addressed in the same manner indicated on this document with Express Mail Label Number			
<input checked="" type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as First Class Mail in an envelope addressed in the same manner indicated on this document.			
<input type="checkbox"/> facsimile transmitted to the U.S. Patent and Trademark Office at fax number: (571) 273-8300.			
Name (Print/Type)	Phillip M. Pippenger		
Signature		Date	November 12, 2008



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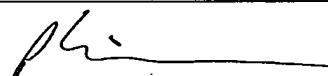
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<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE CLAIM					+ 185 =		+ 370 =		

Total amount to be charged to Deposit Account \$810.00

- b. The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 07-0960. (A duplicate copy of this communication is enclosed for that purpose, unless submitted via EFS-Web.)

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Name (Print/Type)	Phillip M. Pippenger		
Signature		Date	November 12, 2008